Specialist homelessness services

The Specialist Homelessness Services Collection (SHSC) describes all clients who receive services from specialist homelessness agencies and the assistance they receive, including clients with psychiatric or other mental health problems.

The SHSC includes data on the use of specialist homelessness services by clients with a current mental health issue. This section presents information provided by SHS agencies on clients with a current mental health issue for 2014–15. The data have been weighted for non-response by some agencies.

Clients are identified as having a current mental health issue if they have provided any of the following information:

- they indicated that at the beginning of a support period they were receiving services or assistance for their mental health issues, or had received these in the last 12 months
- their formal referral source to the specialist homelessness agency was a mental health service
- they reported ‘mental health issues’ as a reason for seeking assistance
- their dwelling type either a week before presenting to an agency, or when presenting to an agency, was a psychiatric hospital or unit
- they had been in a psychiatric hospital or unit in the last 12 months
- at some stage during their support period, a need was identified for psychological services, psychiatric services or mental health services.

Key points

- Of the 214,000 Specialist Homelessness Services (SHS) clients aged 10 years and over in 2014–15, about 3 in 10 (63,061 or 29.5%) had a current mental health issue.
- About half of all clients (47.5%) with a current mental health issue reported an episode of homelessness in the 12 months before presenting, compared with one third (33%) without a current mental health issue.
- Of clients with a current mental health issue, those aged 18–24 had the highest rate of SHS agency use (575.4 per 100,000 population, or about 1 in 175).
- During 2014–15, over a quarter of clients with a current mental health issue received 6–45 days (27.0%) of support, while a further 1 in 5 (21.3%) received over 6 months.

Data in this section were last updated in July 2016.

The Specialist Homelessness Services Collection (SHSC) began on 1 July 2011, replacing the Supported Accommodation Assistance Program (SAAP) National Data Collection which included data from specialist homelessness agencies from 1996 to June 2011. Specialist Homelessness Services (SHS) that are funded under the National Affordable Housing Agreement (NAHA) and the National Partnership Agreement on Homelessness (NPAH) are in scope for this collection.

For further details regarding the scope and coverage of the Specialist Homelessness Services Collection, see the data source section.
Service provision

Mental health-related support

There were about 214,000 Specialist Homelessness Services (SHS) clients aged 10 years and over reported in 2014–15. Of these, about 3 in 10 (63,061 or 29.5%) were clients with a current mental health issue (Table SHS.3).

Following presentation to a SHS agency, clients may receive accommodation services, other support services (excluding accommodation services), a combination of both, or, for a range of reasons, may have no services or referrals provided. Nationally, there were 141.4 clients with a current mental health issue per 100,000 population who accessed accommodation services from SHS agencies in 2014–15 (or about 1 in 700 Australians aged 10 and over) (Figure SHS.1). Across jurisdictions, rates ranged from 318.3 for Tasmania to 93.3 per 100,000 population for South Australia.

For other types of support services the national rate was 120.5 per 100,000 population (or 1 in 830). Rates varied between jurisdictions, from 217.0 per 100,000 population for the Australian Capital Territory to 73.9 for Queensland (Table SHS.1).

Figure SHS.1: SHS clients with current mental health issue, by service type, states and territories, 2014–15

Clients and support periods over time

In 2014–15, Tasmania had the highest rate of clients per 100,000 population (475.5), followed by ACT (472.3) and Victoria (427.5). Nationally there were 266.9 clients with a current mental health issue per 100,000 population—equivalent to 1 in 375 Australians aged 10 and over.
Nationally, the rate of clients with a current mental health issue (per 100,000 population) increased between 2011–12 and 2014–15 at an annual average rate of 10.3% (Figure SHS.2). The rate of change varied between jurisdictions, ranging from an annual average decrease of 3.8% in the Northern Territory, to an average annual increase of 19.5% in South Australia.

**Figure SHS.2: SHS clients with current mental health issue and support periods, 2011–12 to 2014–15**

In 2014–15, Victoria had the highest rate of support periods (1,261.4 per 100,000 population), followed by Tasmania (1,068.4) and the Australian Capital Territory (837.6). Nationally, there were 612.5 support periods per 100,000 population (Table SHS.2).

Episodes of assistance provided by SHS agencies are called support periods and clients may have had more than one support period in 2014–15, either at the same agency at different times or with different agencies. Nationally, the rate of support periods (per 100,000 population) increased between 2011–12 to 2014–15 at an annual average rate of 12.0% (Figure SHS.2). The rate of change varied between jurisdictions, ranging from an annual average decrease of 0.4% in New South Wales to an annual average increase of 27.5% in South Australia.

**Specialist homelessness services client characteristics**

For clients with a current mental health issue, those aged 18–24 had the highest rate of SHS agency use followed by 15–17 year olds (575.4 and 494.5 per 100,000 population respectively) for 2014–15 (Figure SHS.3). Rates of SHS agency use were higher for females (308.2 per 100,000; or about 1 in 320) than males (225.2 per 100,000; or about 1 in 450).

The rate of Aboriginal and Torres Strait Islander SHS clients with a current mental health issue was more than 6 times that of non-Indigenous Australians (1,450.5 and 227.2 per 100,000 population respectively); this equates to about 1 in 70 Indigneous Australians, compared with 1 in 440 non-Indigenous (Table SHS.3).

There were 2,070 clients with a current mental health issue aged 10–14, at a rate of 146.6 per 100,000 population. This is similar to the rate for clients aged 55–64 (135.2 per 100,000) and greater than the rate for clients aged 65+ (31.7 per 100,000).
A specialist homelessness agency/outreach worker was the most frequently recorded source of referral to SHS agencies (14.1%) for clients with a current mental health issue during 2014–15. The next most frequently recorded sources were referrals from other agencies (government or non-government) (12.2%) and family and/or friends (5.8%) (Table SHS.4).

About half of SHS clients (47.5%) with a current mental health issue reported an episode of homelessness in the 12 months before presenting to an agency (Table SHS.5), compared with one third (32.7%) of those clients without a current mental health issue (AIHW 2016).

Reference

AIHW 2016. Specialised homelessness services, (unpublished data) Canberra: AIHW.

Service use

Main reason for seeking SHS agency assistance

In 2014–15, about 1 in 4 SHS clients (23.4%) with a mental health issue reported a housing crisis as the main reason for seeking assistance, followed by domestic and family violence (15.6%), inadequate or inappropriate dwelling conditions (11.5%) and financial difficulties (10.9%). In contrast, domestic and family violence (26.1%), housing crisis (19.3%) and financial difficulties (14.4%) were the top three main reasons for seeking assistance for SHS clients without a current mental health issue (AIHW 2016). About 1 in 20 (4.9%) SHS clients with a current mental health issue had mental health issues recorded as their main reason for seeking assistance (Figure SHS.4).
SHS clients can nominate other reasons for seeking assistance alongside their ‘primary’ reason. When all presenting reasons for seeking assistance are considered, housing crisis (53.3%) and financial difficulties (52.4%) were the most frequently reported reasons (Table SHS.7).

**Services and assistance**

Of the 63,061 SHS clients with a current mental health issue in 2014–15, 61,879 clients (98.1%) received a service or referral. The most common service or referral provided was advice/information (88.6%), followed by other basic assistance (75.3%), advocacy/liaison on behalf of client (68.6%) and material aid/brokerage (45.9%) (Table SHS.8).

**Length of support provided**

During 2014–15, over a quarter of clients with a current mental health issue received 6–45 days (27.0%) of support, while a further 1 in 5 (21.3%) received over 180 days (6 months). About 1 in 6 clients received 5 days of support or fewer (15.8%) (Figure SHS.5). About 2 in 3 clients without a current mental health received between 0–45 days of support. These figures represent the total length of support provided to a client during 2014–15, rather than the number of support periods.
Figure SHS.5: SHS clients with a current mental health issue, by total length of support provided, 2014–15

Length of support:
- Up to 5 days
- 6–45 days
- 46–90 days
- 91–180 days
- Over 180 days

Source: Specialist Homelessness Services Collection. Source data Specialised homelessness services Table SHS.9 (729KB XLS)

Reference
Data source

Specialist Homelessness Services Collection

All agencies that receive funding under the National Affordable Housing Agreement (NAHA) or the National Partnership Agreement on Homelessness (NPAH) to provide specialist homelessness services are in scope for the Specialist Homelessness Services Collection (SHSC) in general, but only those who received funding for at least four months during the 2014–15 financial year are in scope for the 2014–15 reporting period. Covered agencies are those in-scope agencies for which details have been provided to the AIHW by the relevant state/territory department.

Specialist homelessness agencies provided assistance to an estimated 255,657 clients during 2014–15 (AIHW 2015). It should be noted that these figures have been adjusted for non-responses.

Data collected include basic socio-demographic information and the services needed by, and provided to, each client. Information about each client’s situation before and after receiving SHS agency services is also collected.

It should be noted that unlike the previous SAAP National Data Collection, the SHSC does not use the concept of accompanying children but instead only counts children if they have been provided with a service. Information about clients who access services together allows for family groups to be counted as well.

For further information on the SHS collection, refer to the online data quality statement.

Caveats

There are a number of considerations related to the 2014–15 SHSC data:

• Data presented in this section exclude data for clients who were aged less than 10 at the beginning of their first support period in 2014–15.

• The data presented in this section are weighted. This weighting takes into account the amount of non-response and estimates the figures that would have been observed if data were available for all entities expected to respond. The SHS MS Excel workbooks in the online archives use unweighted data, as such the data published here cannot be compared to that found in the online archive.

• Only those agencies that received NAHA or NPAH funding for at least four months during the 2014–15 financial year are in scope for the 2014–15 reporting period. Covered agencies are those in-scope agencies for which details have been provided to the AIHW by the relevant state/territory department.

• 98% of covered agencies returned support period data for all months they were expected to participate in 2014–15.

• Matching of data from individual clients who presented at different agencies and/or at different times requires a valid statistical linkage key (SLK); with 94% of support periods having a valid SLK in 2014–15.

Reference

# Key concepts

## Mental health-related Specialist Homelessness Services

<table>
<thead>
<tr>
<th>Key Concept</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation services</td>
<td><strong>Accommodation services</strong> include short-term or emergency accommodation, medium-term-transitional housing, assistance to obtain long term housing, assistance to sustain tenancy or prevent tenancy failure or eviction and assistance to prevent foreclosures or for mortgage arrears.</td>
</tr>
<tr>
<td>Other support services</td>
<td><strong>Other support services</strong> refer to the assistance, other than accommodation services, provided to a client. Includes mental health services, family/relationship assistance, disability services, drug/alcohol counselling, legal/financial services, immigration/cultural services, domestic/family violence services, other specialist services and general assistance and support services.</td>
</tr>
<tr>
<td>Specialist homelessness agency client</td>
<td>A <strong>specialist homelessness agency client</strong> is a person who receives a specialist homelessness service. A client can be of any age. Children are also clients if they receive a service from a specialist homelessness agency. To be a client the person must directly receive a service and not just be a beneficiary of a service. Children who present with an adult and receive a service are considered to be a client; children of a client or other household members who present but do not directly receive a service are not considered to be clients.</td>
</tr>
<tr>
<td>Specialist homelessness service(s)</td>
<td><strong>Specialist homelessness service(s)</strong> is assistance provided by a specialist homelessness agency to a client aimed at responding to or preventing homelessness. The specialist homelessness services in scope for this collection include accommodation provision, assistance to sustain housing, mental health services, family/relationship assistance, disability services, drug/alcohol counselling, legal/financial services, immigration/cultural services, domestic/family violence services, other specialist services and general assistance and support.</td>
</tr>
</tbody>
</table>
| Specialised Homelessness Service (SHS) clients with current mental health issue | **SHS clients with current mental health issue** are identified as such if they have provided any of the following information:  

- they indicated that at the beginning of a support period they were receiving services or assistance for their mental health issues or had in the last 12 months  
- their formal referral source to the specialist homelessness agency was a mental health service  
- they reported ‘mental health issues’ as a reason for seeking assistance  
- their dwelling type either a week before presenting to an agency, or when presenting to an agency, was a psychiatric hospital or unit  
- they had been in a psychiatric hospital or unit in the last 12 months  
- at some stage during their support period, a need was identified for psychological services, psychiatric services or mental health services. |
| Support period | A **support period** is the period of time a client receives assistance from an agency. A support period starts on the day the client first receives a service from... |
an agency and ends when:

- the relationship between the client and the agency ends,
- the client has reached their maximum amount of support the agency can offer, or
- a client has not received any services from the agency for a whole calendar month and there is no ongoing relationship.